

# Employee Post-Travel Disclosure of Travel Expenses

Date/Time Stamp:  
**RECEIVED**  
**SECRETARY OF THE SENATE**  
**PUBLIC RECORDS**

**Post-Travel Filing Instructions:** Complete this form within 30 days of returning from travel. Submit all forms to the **Office of Public Records in 232 Hart Building.**

**2018 APR -4 AM 11:37**

In compliance with Rule 35.2(a) and (c), I make the following disclosures with respect to travel expenses that have been or will be reimbursed/paid for me. I also certify that I have attached:

- ☐ The **original** *Employee Pre-Travel Authorization* (Form RE-1), **AND**  
☐ A **copy** of the *Private Sponsor Travel Certification Form* with all attachments (itinerary, invitee list, etc.)

Private Sponsor(s) (list all): Healthcare Information and Management Systems Society (HIMSS)

Travel date(s): March 4-7, 2018

Name of accompanying family member (if any): N/A

Relationship to Traveler: ☐ Spouse ☐ Child

IF THE COST OF LODGING **DID NOT INCREASE** DUE TO THE ACCOMPANYING SPOUSE OR DEPENDENT CHILD, ONLY INCLUDE LODGING COSTS IN EMPLOYEE EXPENSES. (Attach additional pages if necessary.)

## Expenses for Employee:

	Transportation Expenses	Lodging Expenses	Meal Expenses	Other Expenses (Amount & Description)
<input checked="" type="checkbox"/> Good Faith Estimate <input type="checkbox"/> Actual Amount	\$716.30	\$298	\$239	\$795 (govt rate; conference registration fee waived) \$350 (preconference symposia fee waived)

## Expenses for Accompanying Spouse or Dependent Child (if applicable):

	Transportation Expenses	Lodging Expenses	Meal Expenses	Other Expenses (Amount & Description)
<input type="checkbox"/> Good Faith Estimate <input type="checkbox"/> Actual Amount				

Provide a description of all meetings and events attended. See Senate Rule 35.2(c)(6). (Attach additional pages if necessary.): See Attached

4/4/18  
(Date)

Brett Meeks  
(Printed name of traveler)

[Signature]  
(Signature of traveler)

TO BE COMPLETED BY SUPERVISING MEMBER/OFFICER:

I have made a determination that the expenses set out above in connections with travel described in the *Employee Pre-Travel Authorization* form, are necessary transportation, lodging, and related expenses as defined in Rule 35.

4/4/18  
(Date)

Lamar Alexander  
(Signature of Supervising Senator/Officer)

**Sunday March 4<sup>th</sup>:**

Arrived early and checked into room.

Personal and work time.

Sunday evening discussion with HIMSS staff.

**Monday March 5<sup>th</sup>:**

Check-in to conference and breakfast.

Preconference Symposium on Interoperability and Health Information Exchange.

Separate private meetings with representatives HIMSS Staff, Troutman Sanders, Apple, AMIA, AMA, and Amazon Web Services.

**Tuesday March 6<sup>th</sup>:**

Speak on breakfast panel for HIMSS

Attend keynote by Jared Kushner and CMS Administrator Seema Verma.

Meeting and demonstration with IBM Watson Health

Speak on panel for Leavitt Partners

Meeting and Demonstration with Change Healthcare

Travel to airport

Meeting with member of Health Information Technology Advisory Committee

Depart for DFW, then DCA

11/10/2017 10:00 AM



## PRIVATE SPONSOR TRAVEL CERTIFICATION FORM

This form must be completed by any private entity offering to provide travel or reimbursement for travel to Senate Members, officers, or employees (Senate Rule 35, clause 2). Each sponsor of a fact-finding trip must sign the completed form. The trip sponsor(s) must provide a copy of the completed form to each invited Senate traveler, who will then forward it to the Ethics Committee with any other required materials. The trip sponsor(s) should **NOT** submit the form directly to the Ethics Committee. Please consult the accompanying instructions for more detailed definitions and other key information.

The Senate Member, officer, or employee **MUST** also provide a copy of this form, along with the appropriate travel authorization and reimbursement form, to the Office of Public Records (OPR), Room 232 of the Hart Building, within thirty (30) days after the travel is completed.

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1. Sponsor(s) of the trip (please list all sponsors): \_\_\_\_\_  
Healthcare Information and Management Systems Society (HIMSS)
  2. Description of the trip: This is an educational experience to attend the HIMSS18 Annual Conference and Exhibition for education, innovation and collaboration on health information and technology.
  3. Dates of travel: March 4 - 7, 2018
  4. Place of travel: Las Vegas, NV
  5. Name and title of Senate invitees: Please see attached list of Senate invitee
  6. I *certify* that the trip fits one of the following categories:  
☒ (A) The sponsor(s) are not registered lobbyists or agents of a foreign principal **and** do not retain or employ registered lobbyists or agents of a foreign principal **and** no lobbyist or agents of a foreign principal will accompany the Member, officer, or employee *at any point* throughout the trip.  
– OR –  
☐ (B) The sponsor or sponsors are not registered lobbyists or agents of a foreign principal, but retain or employ one or more registered lobbyists or agents of a foreign principal and the trip meets the requirements of Senate Rule 35.2(a)(2)(A)(i) or (ii) (*see question 9*).
  7. ☒ I *certify* that the trip will not be financed in any part by a registered lobbyist or agent of a foreign principal.  
– AND –  
☒ I *certify* that the sponsor or sponsors will not accept funds or in-kind contributions earmarked directly or indirectly for the purpose of financing this specific trip from a registered lobbyist or agent of a foreign principal or from a private entity that retains or employs one or more registered lobbyists or agents of a foreign principal.
  8. I *certify* that:  
☒ The trip will not in any part be planned, organized, requested, or arranged by a registered lobbyist or agent of a foreign principal except for *de minimis* lobbyist involvement.  
– AND –  
☒ The traveler will not be accompanied on the trip by a registered lobbyist or agent of a foreign principal except as provided for by Committee regulations relating to lobbyist accompaniment (*see question 9*).

9. **USE ONLY IF YOU CHECKED QUESTION 6(B)**

I *certify* that if the sponsor or sponsors retain or employ one or more registered lobbyists or agents of a foreign principal, one of the following scenarios applies:

☐ (A) The trip is for attendance or participation in a one-day event (exclusive of travel time and **one** overnight stay) and no registered lobbyists or agents of a foreign principal will accompany the Member, officer, or employee *on any segment* of the trip.

– OR –

☐ (B) The trip is for attendance or participation in a one-day event (exclusive of travel time and **two** overnight stays) and no registered lobbyists or agents of a foreign principal will accompany the Member, officer, or employee *on any segment* of the trip (*see questions 6 and 10*).

– OR –

☐ (C) The trip is being sponsored only by an organization or organizations designated under § 501(c)(3) of the Internal Revenue Code of 1986 and no registered lobbyists or agents of a foreign principal will accompany the Member, officer, or employee *at any point* throughout the trip.

10. **USE ONLY IF YOU CHECKED QUESTION 9(B)**

If the trip includes two overnight stays, please explain why the second night is practically required for Senate invitees to participate in the travel:

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11. ☒ An itinerary for the trip is attached to this form. I *certify* that the attached itinerary is a detailed (hour-by-hour), complete, and final itinerary for the trip.

12. Briefly describe the role of each sponsor in organizing and conducting the trip:

HIMSS develops, organizes, and conducts all aspects of the trip and conference. HIMSS18 is the largest healthcare conference, bringing together thought leaders from across the healthcare community, including providers, IT experts, vendors, and local, federal and state government representatives.

13. Briefly describe the stated mission of each sponsor and how the purpose of the trip relates to that mission:

HIMSS is a global, caused-based not-for-profit focused on transforming health through information and technology. HIMSS provides thought leadership, community building, and professional development, and leads efforts to optimize health engagements and care outcomes using information and technology.

14. Briefly describe each sponsor's prior history of sponsoring congressional trips:

HIMSS holds in Annual Conference every year, and invites congressional staff, as well as federal, state, and local policymakers and officials, for this unique learning experience.



15. Briefly describe the educational activities performed by each sponsor (other than sponsoring congressional trips):

HIMSS hosts educational briefings and roundtables with federal and state officials, and health IT experts focused on relevant health policy issues. These events are both on and off Capitol Hill, as well as across country.

16. Total Expenses for Each Participant:

	Transportation Expenses	Lodging Expenses	Meal Expenses	Other Expenses
<input checked="" type="checkbox"/> Good Faith estimate	\$350	\$298	\$124 (Some meals covered in conference registration fee; no alcohol will be provided to Senate staffers)	\$795 (gov't rate; conference registration fee waived)
<input type="checkbox"/> Actual Amounts				\$350 (pre-conference symposia fee waived)

17. State whether a) the trip involves an event that is arranged or organized *without regard* to congressional participation or b) the trip involves an event that is arranged or organized *specifically with regard* to congressional participation:

The trip is organized without regard to congressional participation.

18. Reason for selecting the location of the event or trip

HIMSS Annual Conference brings together over 45,000 attendees and rotates among the few cities that can accommodate a conference of our size.

19. Name and location of hotel or other lodging facility:

The Palazzo Hotel, 3325 S Las Vegas Blvd, Las Vegas, NV 89109

20. Reason(s) for selecting hotel or other lodging facility:

HIMSS seeks bids from local hotels and negotiates with hotels adjacent to the convention center where the conference is held. Contracts are based on a consideration of price, location, accessibility to the the conference and availability of rooms to accommodate congressional staff.

21. Describe how the daily expenses for lodging, meals, and other expenses provided to trip participants compares to the maximum per diem rates for official Federal Government travel:

The lodging rate is slightly higher than the per diem rate (by \$15 per night), and the meals rate is

comparable. This event is organized without regard to congressional participation and hotel is selected

for reasons listed in question 20.

22. Describe the type and class of transportation being provided. Indicate whether coach, business-class or first class transportation will be provided. If first-class fare is being provided, please explain why first-class travel is necessary:

Coach air and ground transportation.

23. ☒ I represent that the travel expenses that will be paid for or reimbursed to Senate invitees do not include expenditures for recreational activities, alcohol, or entertainment (other than entertainment provided to all attendees as an integral part of the event, as permissible under Senate Rule 35).

24. List any entertainment that will be provided to, paid for, or reimbursed to Senate invitees and explain why the entertainment is an integral part of the event:

None provided

25. I hereby *certify* that the information contained herein is true, complete and correct. (For trips involving more than one sponsor, you must submit a separate signature page for each additional sponsor):

Signature of Travel Sponsor: Carla Smith

Name and Title: Carla Smith

Name of Organization: HIMSS

Address: 33 West Monroe, Suite 1700, Chicago, IL 60603

Telephone Number: 734-477-0860

Fax Number: \_\_\_\_\_

E-mail Address: csmith@himss.org

### Additional Information

#### Question 5. U.S. Senate Invitees:

- Brett Baker (Senate Finance Committee)
- Morgan Brand (Sen. Schumer)
- Andrew Burnett, Health Research and Policy Assistant (Senate HELP Committee)
- Jennifer DeAngelis (Sen. Whitehouse)
- Eric Dempsey (Senate Finance Committee)
- Will Dent (Sen. Isakson)
- Marvin Figueroa (Sen. Warner)
- Victoria Flood (Sen. Capito)
- Julia Frederick (Sen. Warren)
- Matt Gallivan (Sen. Cassidy)
- Colin Goldfinch, Senior Health Policy Adviser (Senate HELP Committee)
- Jordan Grossman (Sen. Klobuchar)
- Rita Habib (Sen. Bennett)
- Samantha Helton (Sen. Wicker)
- Elizabeth Henry, Legislative Assistant (Sen. Cochran)
- Virginia Heppner, Professional Staff Member (Senate HELP Committee)
- Will Holloway, Legislative Assistant (Sen. Hatch)
- Danielle Janowski (Sen. Thune)
- Lauren Jee (Sen. Cardin)
- Elizabeth Joseph (Sen. Cochran)
- Adam Lachman (Sen. King)
- Kathleen Laird (Sen. Baldwin)
- Aisling McDonough, Health Legislative Assistant (Sen. Schatz)
- Bobby McMillin, General Counsel (Senate HELP Committee)
- Brett Meeks, Health Counsel (Senate HELP Committee)
- Madeleine Pannell (Senate HELP Committee)
- Lauren Paulos (Sen. Hatch)
- Stuart Portman, Health Policy Adviser (Senate Finance Committee)
- Lorenzo Rubalcava (Sen. Stabenow)
- Kristi Thompson (Senate HELP Committee)
- Beth Vrabel (Senate Finance Committee)
- Arielle Woronoff, Senior Health Counsel (Senate Finance Committee)

Question 23. **Note:** No alcohol will be provided or served to Senate staffers, as noted on the agenda.





**Congressional Staff Agenda**  
**Location:** Sands Expo Center, Las Vegas, NV  
**March 5 – 9, 2018**  
Access Full Conference Information here: [\*\*HIMSS18\*\*](#)  
**All activities are at Sands Expo Center unless otherwise noted.**  
**All times are Eastern Time (EST).**

**\*\*Note: All events and receptions listed on this agenda are open to all conference attendees\*\***

**Sunday, March 4<sup>th</sup>, 2018**

<b>11:10am Flight arrives in Las Vegas</b>
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**Note: Brett Meeks is extending his trip by arriving Sunday morning and HIMSS will not be paying for any cost associated with the extension of his trip**

**Monday, March 5<sup>th</sup>, 2018**

<b>8:00 AM – 4:30PM</b>	<b>Full Day Preconference Symposia and Workshops (ongoing for 8 hours):</b>
<b>Breakdown:</b>	
<b>8:15-9:15am – education session</b>	<b>Business of Healthcare Symposium: Going from Good to Great in a Value-Based World</b> The transition from fee-for-service to pay-for-value payment models is one of the greatest financial challenges the U.S. healthcare system faces. Realizing the full potential of these arrangements requires a level of communication, information sharing, and data integration never contemplated in our historical fee-for-service world. Explore how some of the most successful organizations are navigating these previously uncharted waters by reimagining their patient engagement strategies, contracted provider arrangements, and approach to data analytics, as well as the legal issues that must be taken into consideration when executing these new strategies.
<b>9:30–10:30am – education session</b>	
<b>10:45-11:45am – education session</b>	<b>OR</b>
<b>11:45am-12:45pm – lunch</b>	<b>Innovation Symposium: Innovation as a Strategic Imperative</b> Care delivery organizations are often slow to change, and this can impede our ability to meet evolving consumer needs. Organizations that have embraced innovation as a core part of their cultural fabric are more vibrant, enjoy better customer and employee satisfaction, and manage new challenges gracefully. However, there is not a “one-size-fits-all” approach to innovation. Explore the many facets of innovation in healthcare organizations – including innovation types, models and applications; examples of successful innovation programs; organizational abilities and readiness for change; and more.
<b>12:45-1:45pm – education session</b>	
<b>2-3pm – education session</b>	<b>OR</b>
<b>3:15-4:15 – education session</b>	<b>Interoperability and HIE Symposium: Facilitating Person-Centered Interoperable HIE to Manage Complex Populations</b> Patients' lives, the health and security of our nation's citizens, and the health of the US economy are - in part - reliant on ensuring the right people have the right access to the right health information at the right time. While we have

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	<p>made great strides over the past generation, seamless, secure, nationwide interoperable health information exchange continues to elude us. Although there have been major investments and policies designed to drive standards development, interoperability, and health information exchange, significant barriers and challenges exist. Explore how points of leverage in technology and policy can be used to exploit market-based solutions to this dilemma. A particular focus is current solutions to the requirements of serving complex patients in the context of population health management and new reimbursement models. Because semantic interoperability is not the norm, challenge today's proven solutions and frameworks, and explore cutting-edge ideas in interoperability that will transform the exchange of health information. Is the future of healthcare destined to be incremental or will innovation and economics drive a great leap forward? Take a closer look at the interaction of technologies with policies, payment reform, emerging standards, and use cases that are furthering our progress toward true healthcare transformation in an interoperable world.</p> <p><b>OR</b></p> <p><b>Coordinated and Connected Care Symposium: Tackling the Challenge of Connected and Coordinated Care</b> Today's healthcare ecosystem is embracing a collaborative, person-centric approach to care throughout all stages and aspects of life. Care teams increasingly incorporate formal and informal members from many organizations and include family members, friends and others from outside the healthcare system. This shared decision-making is increasingly information-driven and interdependent, and ensuring coordination is challenging. Discover strategies for identifying and tackling these challenges, including leadership roles, technical skills, and IT and management strategies.</p> <p><b>OR</b></p> <p><b>Long-Term and Post-Acute Care (LTPAC) Symposium: Digital Health in and with LTPAC Settings</b> Long-term and post-acute care (LTPAC) provider organizations have long played an important yet frequently overlooked role in the U.S. healthcare delivery system. Now, as LTPAC organizations are elevating in prominence in the current healthcare ecosystem via ACOs and population health initiatives, there is a renewed interest in ensuring they have a visible presence in digital health. Following the Certified Associate in Healthcare Information and Management Systems (CAHIMS) certification roadmap, explore issues that LTPAC organizations should consider in leveraging digital health technologies to support their internal and external clinical data needs, and how hospitals, consultants and vendors can best address the specific digital health concerns and challenges of LTPAC organizations.</p> <p><b>OR</b></p> <p><b>Precision Medicine Symposium: Journey to the Summit Using Clinical and Business Intelligence</b> Precision medicine is a fast-evolving field of healthcare that is approaching the mainstream tipping point. Clinical and business intelligence (C&amp;BI) is instrumental in transitioning precision medicine to routine care by delivering analytics, data interoperability and data sharing among the ecosystems' stakeholders (laboratories, health systems, pharma, EMR vendors, research and payers) to inform decision-making in the provider workflow. Explore the precision medicine journey to the summit using C&amp;BI, including the current</p>
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	landscape, future vision, and stakeholder challenges and perspectives.
5:00 – 6:30 PM	<b>HIMSS18 Opening Keynote</b> Technology for a Healthier Future: Modernization, Machine Learning, and Moonshots with Eric Schmidt, Executive Chairman of Alphabet Inc. (parent company of Google)
6:30 – 8:00 PM	<b>HIMSS18 Opening Reception</b>  Come celebrate to kick off our conference! Network your way through an evening with live music, food, and friendly conversation. Connect with industry leaders and colleagues alike at this special event open to all registered HIMSS18 conference attendees. <b>**No alcohol will be provided or served to Senate staff**</b>
7:00 – 9:00 PM	<b>HIMSS18 Public Policy Leaders Dinner</b>  <u>Location:</u> TBD  <u>Description:</u> Join policy leaders within HIMSS, as well as state and federal officials, for dinner to discuss policy matters including the health IT policy, legislative, and regulatory landscape in Washington, DC and the states. <b>**No alcohol will be provided or served to Senate staff**</b>

## Tuesday, March 6<sup>th</sup>, 2018

9:30 AM – 6:00 PM  (When not attending concurrent educational sessions or for non-scheduled time)	<b>HIMSS18 Exhibition Hall with live technology demonstrations, presentations, and sessions</b>  <u>Description:</u> Learn about cutting edge health information technology. Experience thousands of health IT products and services on the HIMSS18 exhibit floor. Features the Meaningful Use Experience — a special live demonstration area that lets the viewer experience proven, certified EHR solutions. Also experience firsthand the Social Media Center, HIMSS Interoperability Showcase, The Intelligent Hospital Pavilion and more.
9:30 AM – 6:00 PM  (When not attending concurrent educational sessions or for non-scheduled time)	<b>Interoperability Showcase</b>  <u>Description:</u> Explore a health ecosystem where standards-based health IT enables individuals to securely access, contribute to and analyze their own health data. Learn how current health IT products in the market deliver standards-based interoperability and health information exchange with an interactive learning experience.
8:30 – 9:30 AM	<b>Views from the Top – How CMS is Leveraging Information and Technology in Medicare and Medicaid CMS Administrator Seema Verma</b>  <u>Description:</u> Administrator Verma is excited to discuss her efforts to advance interoperability and patient ownership of healthcare data, to most effectively leverage the latest technologies for patients in Medicare and Medicaid..
8:30 – 9:30 AM	<b>Concurrent Education Sessions:</b>  <b>Advancing Digital Health in Canada</b> This session will share the Canadian experience to develop and implement a strategy to integrate clinical informatics competencies into the academic faculty curricula for Medicine, Nursing and Pharmacy. Canada has invested in the building of the electronic health record infrastructure since 2001, and in 2007, it was recognized that to build sustainable change in healthcare, the



	<p>preparation of clinicians needed to be addressed as well. This award winning 10 year program began by establishing a governance and leadership structure for each faculty then building upon that to create a collaborative among all the faculties. In the course of developing discipline specific clinical informatics competencies, it was discovered that much of the content could be leveraged across the clinical faculties. A Peer to Peer learning approach was implemented, with Faculty Peer Leaders taking responsibility to disseminate the competencies into curriculum and into clinical practice.</p> <p><b>OR</b></p> <p><b>Managing Medical Device Cybersecurity Vulnerabilities</b>          Medical device cybersecurity continues to evolve. Multiple initiatives are working to improve device cybersecurity, to include development of a Common Vulnerability Scoring System (CVSS) rubric to assess device vulnerability impact and severity; the use of Information Sharing and Analysis Organizations (ISAOs) to help broker medical device vulnerability management; maturing coordinated disclosure processes; device cybersecurity criteria development and testing; and table top exercises to validate vulnerability handling procedures. This session will characterize these initiatives, as well as the relevant FDA and community roles, in helping to realize safer, more secure device clinical operation and use.</p> <p><b>OR</b></p> <p><b>A Framework to Support Measure Development for Telehealth</b>          Telehealth offers tremendous potential to transform the healthcare delivery system by overcoming geographical distance, enhancing access to care, and building efficiencies. The Health Resources and Services Administration (HRSA) defines telehealth as "the use of electronic information and telecommunications technologies to support and promote long-distance clinical healthcare, patient and professional health-related education, public health and health administration". The U.S. Department of Health and Human Services (HHS) called upon the National Quality Forum (NQF) to convene a multistakeholder Telehealth Committee to recommend various methods to measure the use of telehealth as a means of providing care. The Committee was charged to develop a measurement framework that identifies measures and measure concepts and serves as a conceptual foundation for new measures, where needed, to assess the quality of care provided using telehealth modalities.</p> <p><b>OR</b></p> <p><b>Beyond the Pilot: Value-Driven Innovation</b>          Many institutions experience "death by 1000 pilots," where cutting-edge technologies are implemented for a few months in a few departments, but lasting changes in workflow and culture are never realized. MD Anderson's first Chief Innovation Officer will explore ways to overcome the proverbial "wall of no" and "we've tried that before" attitudes that stifle innovation. Attendees will learn how to scope problems appropriately, which stakeholders to engage at each step of the innovation process, and how to differentiate true pilots from long-term solutions.</p>
9:30 – 10:30 AM	<p><b>HIMSS Staff Led Tour of the HIMSS18 Exhibition Hall</b></p> <p><b>Description:</b> To help familiarize attendees with layout of Exhibition Hall and key specialty areas, including Interoperability Showcase, Cybersecurity Command Center, Connected Health Experience, and Intelligent Health</p>



	Pavilion
10:00 – 11:00 AM	<p><b>Concurrent Education Sessions:</b></p> <p><b>Enabling a Stronger, More Skilled Global eHealth Workforce</b> Discover how you can become part of the ongoing transatlantic initiative that is making eHealth work! Find out how the EU*US eHealth Work Project has been collaborating over the span of 18 months to measure, inform, educate and advance health information technology, digital skills and interprofessional healthcare education on a global level. See the results of what the project has accomplished and hear how we will continue this important work on an ongoing basis through the HIMSS TIGER Initiative. Learn how you can become involved in this groundbreaking and innovative effort to empower the healthcare workforce with digital skills. Bring best practices, tools and resources developed through the project to your institutions. Hear how you and your organization can help educate and train staff, assist interdisciplinary professionals as they progress throughout their careers, and provide management and administration with valuable workforce development benefits now and in the future.</p> <p><b>OR</b></p> <p><b>Care Pathways and Data Analytics for Advancement of Healthcare</b> This session will discuss the intelligent automation and clinical workflow optimization that has allowed for the precise execution of what we already know to systematically marshal our people, processes and technologies which have made a profound difference in how to approach improving clinical and financial outcomes.</p> <p><b>OR</b></p> <p><b>Federal Health Community Forum Session</b> Government policymaking directly impacts healthcare transformation and health IT, and you need to know what to expect. Participate in the three focused sessions of the Federal Health Community Forum that are specifically designed for special audiences interested in discussing government health IT programs. Gain insight into key government health IT initiatives, plans, priorities, and opportunities.</p> <p><b>OR</b></p> <p><b>Office of the National Coordinator for Health IT (ONC) Session</b> The Office of the National Coordinator for Health IT (ONC) will be presenting on the work it is undertaking related to implementing the 21st Century Cures Act, including interoperability, information blocking, and the trusted exchange framework/common agreement as well as other critical issues in its portfolio related to standards, usability, and increasing health IT adoption and functionality.</p> <p><b>OR</b></p> <p><b>Optimizing Care Transitions Across the Continuum</b> Implementing a strategy to address transitions of care across a large integrated health network presents many challenges. Increased pressure to improve utilization rates along with new Transitional Care Management billing opportunities has incentivized health systems to find innovative, cost-efficient ways to ensure transitions occur safely and effectively. One large teaching hospital and health system prioritized a strategy to improve care provided to patients after being discharged. This session will discuss a two-fold approach</p>



	<p>to a cost-efficient model to address this strategy. First, a centralized Transition of Care call center was developed employing Registered Nurses and Medical Assistants who place calls to patients post-discharge; this model works on behalf of the primary care providers (PCPs). Secondly, the workflow for this process was streamlined using various functions within the EHR allowing for an increase in staff productivity.</p>
11:30 – 12:30 PM	<p><b>Concurrent Education Sessions:</b></p> <p><b>Centers for Medicare &amp; Medicaid Services (CMS) Session</b>  The Centers for Medicare &amp; Medicaid Services (CMS) will be presenting on several critical topics in their sessions, including: the agency's quality and innovation work related to its health IT-related Medicare payment policies, including the Medicare Access and CHIP Reauthorization Act of 2015 (MACRA), Quality Payment Program (QPP), and the Medicaid funding opportunities that exist for providers as well as states in terms of interoperability and Medicaid modernization and modularization.</p> <p><b>OR</b></p> <p><b>The Impact of Smartphone Technology in Clinical Practice</b>  This session will discuss study findings and demonstrate how implementing a smartphone solution into clinical practice significantly improved physician response times, increased efficiency and transformed care team communication.</p> <p><b>OR</b></p> <p><b>Virtual Reality Gets Real in Healthcare</b>  Recent, real-world case studies in virtual reality (VR) hold promise for medical training as well as operational support. Organizations like the US Army, VA, medical schools, and private hospital systems are exploring new uses. VR is an umbrella term for other areas including augmented reality ("AR") and 3-D. VR and AR technology have advanced to the point where consumer facing immersive VR experiences are accessible at reasonable price points. So far, VR has gotten traction in healthcare mainly as a training and education device, but industry-wide it's a green field for innovation. We've only scratched the surface of VR's potential to disrupt healthcare delivery. New revenue, cost savings and quality gains can be captured from VR across multiple verticals—health system, provider, pharma, payer and consumer. VR can leverage techniques to weave itself into the fabric of healthcare delivery—gamification, social media, narrative, visioning, goal setting and rewards.</p> <p><b>OR</b></p> <p><b>Engaging and Empowering Patients: Redesigning Patient Care</b>  This session will discuss how we transformed care coordination and the patient experience in our Maryland-based health system by implementing a patient engagement and care coordination platform supported by a fully enabled virtual care team. The program streamlined communication, collaboration and coordination among hospitalists, specialists and PCP's and implemented a well-defined patient engagement strategy. By sharing actionable health information, providing 24/7 access to virtual care teams and managing transitions of care, we achieved a 350% reduction in in-patient transfers, 100% completion of discharge follow ups within 48 hours, more than 50% reduction in readmission and 15% reduction in no-shows. Feedback indicates a vastly enhanced patient experience, improved quality of care and better outcomes. We will also discuss how remote patient monitoring using</p>







*transforming health through information and technology™*

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[www.himss.org](http://www.himss.org)

December 19, 2017

Mr. Brett Meeks  
Senate Committee on Health, Education, Labor and Pensions  
428 Dirksen Senate Office Building  
Washington, DC 20510

Dear Mr. Meeks:

I am pleased to extend this invitation for you to attend the **2018 Healthcare Information and Management Systems Society (HIMSS) Annual Conference and Exhibition** in Las Vegas, Nevada, **March 5 – 8 (or March 6 - 9), 2018**. This unique opportunity will allow you to learn about the potential and the challenges of healthcare information and technology—including electronic health records, health information exchange, and connected health—to help transform healthcare in America.

HIMSS is a global, cause-based, not-for-profit organization focused on transforming health through information and technology, providing thought leadership, professional development, events, market research, and media services around the world. Founded in 1961, HIMSS represents more than 70,000 individuals, plus over 640 corporations and 450 non-profit partner organizations, that share this cause. HIMSS, headquartered in Chicago, serves the global health IT community with additional offices in the United States, Europe, and Asia. To learn more about HIMSS, please visit our website at [www.himss.org](http://www.himss.org). HIMSS North America, a business unit within HIMSS focused on thought leadership in the United States and Canada, serves as the host to U.S. congressional staff at HIMSS professional development conferences.

The HIMSS Annual Conference and Exhibition is one of the healthcare sector's largest conferences. The 2018 HIMSS Annual Conference is anticipated to include over 300 educational events, 1,300 leading health information and technology exhibitors, and over 45,000 professionals from the U.S. and around the world. Attendees include hospital executives, physicians, physician group practice managers, nurses and other healthcare providers, federal and state agency staff, public health agency personnel, state and local government representatives, as well as technology vendors and consultants. To learn more about HIMSS18 and view a detailed conference brochure please visit [www.himssconference.org](http://www.himssconference.org).

During the conference, you may be especially interested in participating in a range of health IT policy events and discussions, including the HIMSS Interoperability Showcase, Cybersecurity Command Center, Connected Health Experience, Intelligent Health Pavilion, Federal Health IT Solutions Pavilion, and many other educational opportunities.

2017-12-19 14:00:00



*transforming health through information and technology™*

33 West Monroe St, Suite 1700  
Chicago, IL 60603-5616  
Tel 312 664 4467  
Fax 312 664 6143  
[www.himss.org](http://www.himss.org)

For the last ten years, HIMSS has offered paid educational opportunities to selected policy makers to attend the HIMSS Annual Conference to learn about the public policy issues and challenges of the system-wide adoption of health information technology. Consistent with Senate and House of Representatives Ethics Rules, HIMSS is extending to you an invitation to attend HIMSS18 for up to three days (72 hours, excluding travel time). HIMSS does not employ or engage a registered lobbyist, lobbying firm, nor do we serve as a foreign agent.

Upon your acceptance of this invitation, we will provide the necessary documents to submit with **your request for approval of privately sponsored travel to the Senate Select Committee on Ethics or House Committee on Ethics, as applicable. Requests must be submitted at least 30 days prior to travel (no later than February 5, 2018).** HIMSS will also provide instructions to book your travel in compliance with the travel rules once approval has been obtained.

Paid opportunities to attend this unique educational event are limited, so if you will be able to attend please R.S.V.P. no later than **January 12, 2018 to allow enough time for you to submit your request to your Ethics Committee at least 30 days prior to travel.** Those responding will be accommodated on a first-come, first-serve basis.

If you have any questions, please feel free to contact me or David Gray at [dgray@himss.org](mailto:dgray@himss.org) or 703-562-8817.

Sincerely,

**Samantha Burch**  
**Senior Director, Congressional Affairs**  
**Healthcare Information and Management Systems Society**  
**4300 Wilson Boulevard, Suite 250**  
**Arlington, VA 22203-4168**  
**Phone: 703.562.8847;**  
**E-mail: [sbburch@himss.org](mailto:sbburch@himss.org)**

10/10/17 10:10 AM



Date/Time Stamp:

## EMPLOYEE PRE-TRAVEL AUTHORIZATION

ETHIC JAN31'18AM11:56

**Pre-Travel Filing Instructions:** Complete and submit this form at least 30 days prior to the travel departure date to the **Select Committee on Ethics** in SH-220. Incomplete and late travel submissions will **not** be considered or approved. This form **must** be typed and is available as a fillable PDF on the Committee's website at [ethics.senate.gov](http://ethics.senate.gov). Retain a copy of your entire pre-travel submission for your required post-travel disclosure.

Name of Traveler: Brett Meeks

Employing Office/Committee: HELP Committee

Private Sponsor(s) (list all): Healthcare Information and Management Systems Society (HIMSS)

Travel date(s): March 4 - March 6, 2018

*Note: If you plan to extend the trip for any reason you **must** notify the Committee.*

Destination(s): Las Vegas, NV

Explain how this trip is specifically connected to the traveler's official or representational duties:

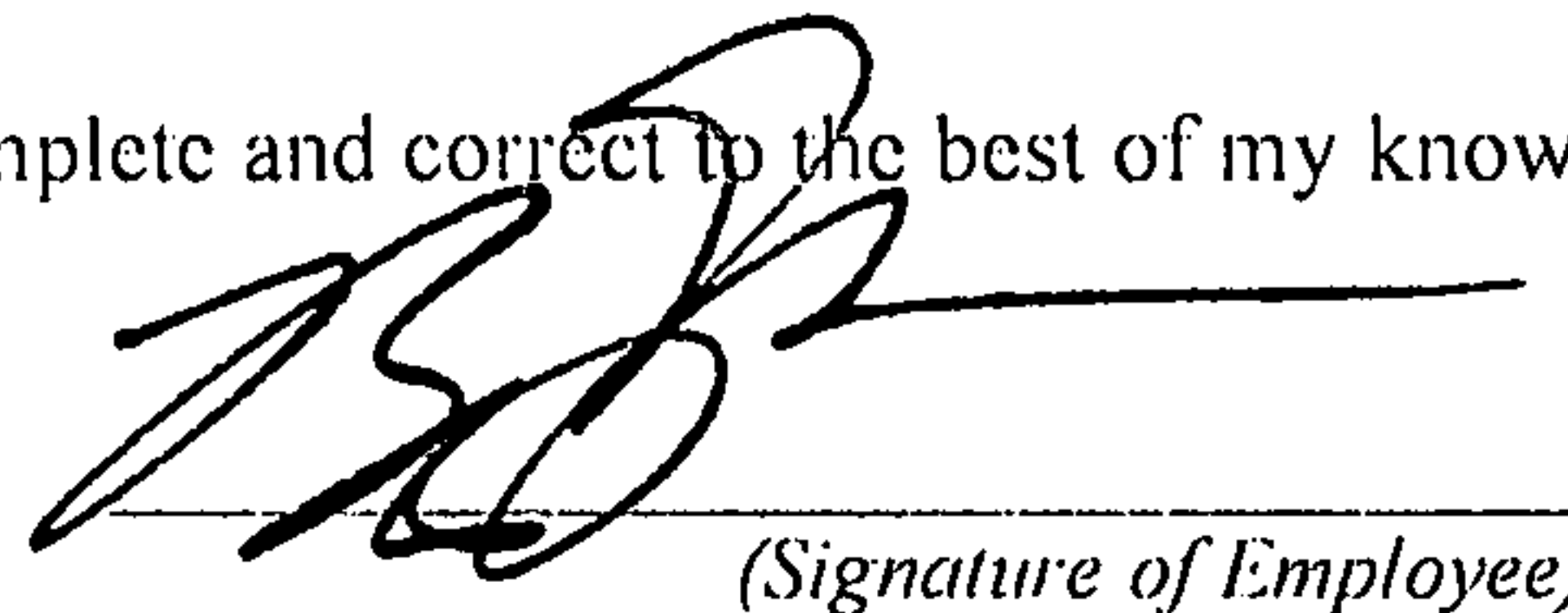
I am the policy lead on Health IT and Interoperability for the HELP Majority office, and this is the largest Health IT conference held each year. This will give me the opportunity to meet with leaders in the Health IT field to learn about challenges with existing federal laws and other ways the government can help foster interoperability in the private sector. Additionally, the 21st Century Cures law included significant work from our committee, our chairman, and myself, and learning about the implementation of the applicable provisions from stakeholders directly is invaluable to our continued oversight of the law.

Name of accompanying family member (if any): \_\_\_\_\_

Relationship to Employee: ☐ Spouse ☐ Child

I certify that the information contained in this form is true, complete and correct to the best of my knowledge:

1/31/18  
(Date)

  
(Signature of Employee)

TO BE COMPLETED BY SUPERVISING SENATOR/OFFICER (President of the Senate, Secretary of the Senate, Sergeant at Arms, Secretary for the Majority, Secretary for the Minority, and Chaplain):

I, Sen. Alexander hereby authorize Brett Meeks  
(Print Senator's/Officer's Name) (Print Traveler's Name)

an employee under my direct supervision, to accept payment or reimbursement for necessary transportation, lodging, and related expenses for travel to the event described above. I have determined that this travel is in connection with his or her duties as a Senate employee or an officeholder, and will not create the appearance that he or she is using public office for private gain.

I have also determined that the attendance of the employee's spouse or child is appropriate to assist in the representation of the Senate. (signify "yes" by checking box) ☐

1/31/18  
(Date)

  
(Signature of Supervising Senator/Officer)

## PRIVATE SPONSOR TRAVEL CERTIFICATION FORM

This form must be completed by any private entity offering to provide travel or reimbursement for travel to Senate Members, officers, or employees (Senate Rule 35, clause 2). Each sponsor of a fact-finding trip must sign the completed form. The trip sponsor(s) must provide a copy of the completed form to each invited Senate traveler, who will then forward it to the Ethics Committee with any other required materials. The trip sponsor(s) should **NOT** submit the form directly to the Ethics Committee. Please consult the accompanying instructions for more detailed definitions and other key information.

The Senate Member, officer, or employee **MUST** also provide a copy of this form, along with the appropriate travel authorization and reimbursement form, to the Office of Public Records (OPR), Room 232 of the Hart Building, within thirty (30) days after the travel is completed.

- 
1. Sponsor(s) of the trip (please list all sponsors):  
Healthcare Information and Management Systems Society (HIMSS)
  2. Description of the trip: This is an educational experience to attend the HIMSS18 Annual Conference and Exhibition for education, innovation and collaboration on health information and technology.
  3. Dates of travel: March 4 - 6, 2018
  4. Place of travel: Las Vegas, NV
  5. Name and title of Senate invitees: Please see attached list of Senate invitee
  6. I *certify* that the trip fits one of the following categories:  
☒ (A) The sponsor(s) are not registered lobbyists or agents of a foreign principal **and** do not retain or employ registered lobbyists or agents of a foreign principal **and** no lobbyist or agents of a foreign principal will accompany the Member, officer, or employee *at any point* throughout the trip.  
– OR –  
☐ (B) The sponsor or sponsors are not registered lobbyists or agents of a foreign principal, but retain or employ one or more registered lobbyists or agents of a foreign principal and the trip meets the requirements of Senate Rule 35.2(a)(2)(A)(i) or (ii) (*see question 9*).
  7. ☒ I *certify* that the trip will not be financed in any part by a registered lobbyist or agent of a foreign principal.  
– AND –  
☒ I *certify* that the sponsor or sponsors will not accept funds or in-kind contributions earmarked directly or indirectly for the purpose of financing this specific trip from a registered lobbyist or agent of a foreign principal or from a private entity that retains or employs one or more registered lobbyists or agents of a foreign principal.
  8. I *certify* that:  
☒ The trip will not in any part be planned, organized, requested, or arranged by a registered lobbyist or agent of a foreign principal except for *de minimis* lobbyist involvement.  
– AND –  
☒ The traveler will not be accompanied on the trip by a registered lobbyist or agent of a foreign principal except as provided for by Committee regulations relating to lobbyist accompaniment (*see question 9*).



9. **USE ONLY IF YOU CHECKED QUESTION 6(B)**

I *certify* that if the sponsor or sponsors retain or employ one or more registered lobbyists or agents of a foreign principal, one of the following scenarios applies:

☐ (A) The trip is for attendance or participation in a one-day event (exclusive of travel time and **one** overnight stay) and no registered lobbyists or agents of a foreign principal will accompany the Member, officer, or employee *on any segment* of the trip.

– OR –

☐ (B) The trip is for attendance or participation in a one-day event (exclusive of travel time and **two** overnight stays) and no registered lobbyists or agents of a foreign principal will accompany the Member, officer, or employee *on any segment* of the trip (*see questions 6 and 10*).

– OR –

☐ (C) The trip is being sponsored only by an organization or organizations designated under § 501(c)(3) of the Internal Revenue Code of 1986 and no registered lobbyists or agents of a foreign principal will accompany the Member, officer, or employee *at any point* throughout the trip.

10. **USE ONLY IF YOU CHECKED QUESTION 9(B)**

If the trip includes two overnight stays, please explain why the second night is practically required for Senate invitees to participate in the travel:

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11. ☒ An itinerary for the trip is attached to this form. I *certify* that the attached itinerary is a detailed (hour-by-hour), complete, and final itinerary for the trip.

12. Briefly describe the role of each sponsor in organizing and conducting the trip:

HIMSS develops, organizes, and conducts all aspects of the trip and conference. HIMSS18 is the largest healthcare conference, bringing together thought leaders from across the healthcare community, including providers, IT experts, vendors, and local, federal and state government representatives.

13. Briefly describe the stated mission of each sponsor and how the purpose of the trip relates to that mission:

HIMSS is a global, caused-based not-for-profit focused on transforming health through information and technology. HIMSS provides thought leadership, community building, and professional development, and leads efforts to optimize health engagements and care outcomes using information and technology.

14. Briefly describe each sponsor's prior history of sponsoring congressional trips:

HIMSS holds in Annual Conference every year, and invites congressional staff, as well as federal, state, and local policymakers and officials, for this unique learning experience.

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15. Briefly describe the educational activities performed by each sponsor (other than sponsoring congressional trips):

HIMSS hosts educational briefings and roundtables with federal and state officials, and health IT experts focused on relevant health policy issues. These events are both on and off Capitol Hill, as well as across country.

16. Total Expenses for Each Participant:

	Transportation Expenses	Lodging Expenses	Meal Expenses	Other Expenses
<input checked="" type="checkbox"/> Good Faith estimate  <input type="checkbox"/> Actual Amounts	\$350	\$298	\$124	\$795 (conference Registration fee is waived)

17. State whether a) the trip involves an event that is arranged or organized *without regard* to congressional participation **or** b) the trip involves an event that is arranged or organized *specifically with regard* to congressional participation:

The trip is organized without regard to congressional participation.

18. Reason for selecting the location of the event or trip

HIMSS Annual Conference brings together over 45,000 attendees and rotates among the few cities that can accommodate a conference of our size.

19. Name and location of hotel or other lodging facility:

### The Venetian and The Palazzo hotels, Las Vegas, NV

20. Reason(s) for selecting hotel or other lodging facility:

HIMSS seeks bids from local hotels and negotiates with hotels adjacent to the convention center where the conference is held. Contracts are based on a consideration of price, location, accessibility to the the conference and availability of rooms to accommodate congressional staff.

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21. Describe how the daily expenses for lodging, meals, and other expenses provided to trip participants compares to the maximum per diem rates for official Federal Government travel:

The lodging rate is slightly higher than the per diem rate (by \$15 per night), and the meals rate is

comparable. This event is organized without regard to congressional participation and hotel is selected

for reasons listed in question 20.

22. Describe the type and class of transportation being provided. Indicate whether coach, business-class or first class transportation will be provided. If first-class fare is being provided, please explain why first-class travel is necessary:

Coach air and ground transportation.

23. ☒ I represent that the travel expenses that will be paid for or reimbursed to Senate invitees do not include expenditures for recreational activities, alcohol, or entertainment (other than entertainment provided to all attendees as an integral part of the event, as permissible under Senate Rule 35).

24. List any entertainment that will be provided to, paid for, or reimbursed to Senate invitees and explain why the entertainment is an integral part of the event:

None provided

25. I hereby *certify* that the information contained herein is true, complete and correct. (For trips involving more than one sponsor, you must submit one signature page for each additional sponsor):

Signature of Travel Sponsor: Carla Smith

Name and Title: Carla Smith

Name of Organization: HIMSS

Address: 33 West Monroe, Suite 1700, Chicago, IL 60603

Telephone Number: 734-477-0860

Fax Number: \_\_\_\_\_

E-mail Address: csmith@himss.org

U.S. Senate Invitees:

- Brett Baker (Senate Finance Committee)  
Morgan Brand (Sen. Schumer)  
Andrew Burnett (Senate HELP Committee)  
Jennifer DeAngelis (Sen. Whitehouse)
- Eric Dempsey (Senate Finance Committee)  
Will Dent (Sen. Isakson)
- Marvin Figueroa (Sen. Warner)
- Victoria Flood (Sen. Capito)
- Julia Frederick (Sen. Warren)  
Matt Gallivan (Sen. Cassidy)  
Colin Goldfinch (Senate HELP Committee)
- Jordan Grossman (Sen. Klobuchar)
- Rita Habib (Sen. Bennett)
- Samantha Helton (Sen. Wicker)  
Elizabeth Henry (Sen. Cochran)
- Virginia Heppner (Senate HELP Committee)
- Will Holloway (Sen. Hatch)
- Danielle Janowski (Sen. Thune)  
Lauren Jee (Sen. Cardin)
- Elizabeth Joseph (Sen. Cochran)  
Adam Lachman (Sen. King)
- Kathleen Laird (Sen. Baldwin)
- Aisling McDonough (Sen. Schatz)
- Bobby McMillin (Senate HELP Committee)
- Brett Meeks (Senate HELP Committee)
- Madeleine Pannell (Senate HELP Committee)  
Lauren Paulos (Sen. Hatch)  
Stuart Portman (Senate Finance Committee)  
Lorenzo Rubalcava (Sen. Stabenow)
- Kristi Thompson (Senate HELP Committee)  
Beth Vrabel (Senate Finance Committee)
- Arielle Woronoff (Senate Finance Committee)

PHOTOGRAPH BY JEFFREY M. HARRIS



**SECRET**



Congressional Staff Agenda  
Location: Sands Expo Center, Las Vegas, NV  
March 5 – 9, 2018  
Access Full Conference Information here: [HIMSS18](#)  
All activities are at Sands Expo Center unless otherwise noted.  
All times are Eastern Time (EST).

Sunday, March 4<sup>th</sup>, 2018

~9:30pm Arrive in Las Vegas (ex United 1247 or American 474)

Monday, March 5<sup>th</sup>, 2018

8:00 AM – 4:30PM	<p>Full Day Preconference Symposia and Workshops (ongoing for 8 hours):</p> <p><b>Business of Healthcare Symposium: Going from Good to Great in a Value-Based World</b> The transition from fee-for-service to pay-for-value payment models is one of the greatest financial challenges the U.S. healthcare system faces. Realizing the full potential of these arrangements requires a level of communication, information sharing, and data integration never contemplated in our historical fee-for-service world. Explore how some of the most successful organizations are navigating these previously uncharted waters by reimagining their patient engagement strategies, contracted provider arrangements, and approach to data analytics, as well as the legal issues that must be taken into consideration when executing these new strategies.</p> <p>OR</p> <p><b>Innovation Symposium: Innovation as a Strategic Imperative</b> Care delivery organizations are often slow to change, and this can impede our ability to meet evolving consumer needs. Organizations that have embraced innovation as a core part of their cultural fabric are more vibrant, enjoy better customer and employee satisfaction, and manage new challenges gracefully. However, there is not a "one-size-fits-all" approach to innovation. Explore the many facets of innovation in healthcare organizations – including innovation types, models and applications; examples of successful innovation programs; organizational abilities and readiness for change; and more.</p> <p>OR</p> <p><b>Interoperability and HIE Symposium: Facilitating Person-Centered Interoperable HIE to Manage Complex Populations</b> Patients' lives, the health and security of our nation's citizens, and the health of the US economy are - in part - reliant on ensuring the right people have the right access to the right health information at the right time. While we have made great strides over the past generation, seamless, secure, nationwide interoperable health information exchange continues to elude us. Although there have been major investments and policies designed to drive standards development, interoperability, and health information exchange, significant barriers and challenges exist. Explore how points of leverage in technology and policy can be used to exploit market-based solutions to this dilemma. A particular focus is current solutions to the requirements of serving complex</p>
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	<p>patients in the context of population health management and new reimbursement models. Because semantic interoperability is not the norm, challenge today's proven solutions and frameworks, and explore cutting-edge ideas in interoperability that will transform the exchange of health information. Is the future of healthcare destined to be incremental or will innovation and economics drive a great leap forward? Take a closer look at the interaction of technologies with policies, payment reform, emerging standards, and use cases that are furthering our progress toward true healthcare transformation in an interoperable world.</p> <p>OR</p> <p><b>Coordinated and Connected Care Symposium: Tackling the Challenge of Connected and Coordinated Care</b> Today's healthcare ecosystem is embracing a collaborative, person-centric approach to care throughout all stages and aspects of life. Care teams increasingly incorporate formal and informal members from many organizations and include family members, friends and others from outside the healthcare system. This shared decision-making is increasingly information-driven and interdependent, and ensuring coordination is challenging. Discover strategies for identifying and tackling these challenges, including leadership roles, technical skills, and IT and management strategies.</p> <p>OR</p> <p><b>Long-Term and Post-Acute Care (LTPAC) Symposium: Digital Health in and with LTPAC Settings</b> Long-term and post-acute care (LTPAC) provider organizations have long played an important yet frequently overlooked role in the U.S. healthcare delivery system. Now, as LTPAC organizations are elevating in prominence in the current healthcare ecosystem via ACOs and population health initiatives, there is a renewed interest in ensuring they have a visible presence in digital health. Following the Certified Associate in Healthcare Information and Management Systems (CAHIMS) certification roadmap, explore issues that LTPAC organizations should consider in leveraging digital health technologies to support their internal and external clinical data needs, and how hospitals, consultants and vendors can best address the specific digital health concerns and challenges of LTPAC organizations.</p> <p>OR</p> <p><b>Precision Medicine Symposium: Journey to the Summit Using Clinical and Business Intelligence</b> Precision medicine is a fast-evolving field of healthcare that is approaching the mainstream tipping point. Clinical and business intelligence (C&amp;BI) is instrumental in transitioning precision medicine to routine care by delivering analytics, data interoperability and data sharing among the ecosystems' stakeholders (laboratories, health systems, pharma, EMR vendors, research and payers) to inform decision-making in the provider workflow. Explore the precision medicine journey to the summit using C&amp;BI, including the current landscape, future vision, and stakeholder challenges and perspectives.</p>
5:00 – 6:30 PM	<p><b>HIMSS18 Opening Keynote</b> <b>Technology for a Healthier Future: Modernization, Machine Learning, and Moonshots with Eric Schmidt, Executive Chairman of Alphabet Inc. (parent company of Google)</b></p>

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6:30 – 8:00 PM	<b>HIMSS18 Opening Reception</b>  Come celebrate to kick off our conference! Network your way through an evening with live music, food, and friendly conversation. Connect with industry leaders and colleagues alike at this special event open to all registered HIMSS18 conference attendees.
7:00 – 9:00 PM	<b>HIMSS18 Public Policy Leaders Dinner</b>  <u>Location:</u> TBD  <u>Description:</u> Join policy leaders within HIMSS, as well as state and federal officials, for dinner to discuss policy matters including the health IT policy, legislative, and regulatory landscape in Washington, DC and the states.

## Tuesday, March 6<sup>th</sup>, 2018

9:30 AM – 6:00 PM  (When not attending concurrent educational sessions or for non-scheduled time)	<b>HIMSS18 Exhibition Hall with live technology demonstrations, presentations, and sessions</b>  <u>Description:</u> Learn about cutting edge health information technology. Experience thousands of health IT products and services on the HIMSS18 exhibit floor. Features the Meaningful Use Experience — a special live demonstration area that lets the viewer experience proven, certified EHR solutions. Also experience firsthand the Social Media Center, HIMSS Interoperability Showcase, The Intelligent Hospital Pavilion and more.
9:30 AM – 6:00 PM  (When not attending concurrent educational sessions or for non-scheduled time)	<b>Interoperability Showcase</b>  <u>Description:</u> Explore a health ecosystem where standards-based health IT enables individuals to securely access, contribute to and analyze their own health data. Learn how current health IT products in the market deliver standards-based interoperability and health information exchange with an interactive learning experience.
8:30 – 9:30 AM	<b>Views from the Top – How CMS is Leveraging Information and Technology in Medicare and Medicaid CMS Administrator Seema Verma</b>  <u>Description:</u> Administrator Verma is excited to discuss her efforts to advance interoperability and patient ownership of healthcare data, to most effectively leverage the latest technologies for patients in Medicare and Medicaid..
8:30 – 9:30 AM	<b>Congressional Forum</b>  <u>Description:</u> The Congressional Forum session provides the opportunity to hear from key Senate and House of Representatives staffers about the health IT public policy topics that they are addressing as well as the issues where they seek more information and input from constituents.
8:30 – 9:30 AM	<b>Concurrent Education Sessions:</b>  <b>Advancing Digital Health in Canada</b> This session will share the Canadian experience to develop and implement a strategy to integrate clinical informatics competencies into the academic faculty curricula for Medicine, Nursing and Pharmacy. Canada has invested in the building of the electronic health record infrastructure since 2001, and in 2007, it was recognized that to build sustainable change in healthcare, the preparation of clinicians needed to be addressed as well. This award winning

**Commented [GD1]:** The Congressional Forum will either by at 8:30am or 5pm on Tuesday.



	<p>10 year program began by establishing a governance and leadership structure for each faculty then building upon that to create a collaborative among all the faculties. In the course of developing discipline specific clinical informatics competencies, it was discovered that much of the content could be leveraged across the clinical faculties. A Peer to Peer learning approach was implemented, with Faculty Peer Leaders taking responsibility to disseminate the competencies into curriculum and into clinical practice.</p> <p>OR</p> <p><b>Managing Medical Device Cybersecurity Vulnerabilities</b> Medical device cybersecurity continues to evolve. Multiple initiatives are working to improve device cybersecurity, to include development of a Common Vulnerability Scoring System (CVSS) rubric to assess device vulnerability impact and severity; the use of Information Sharing and Analysis Organizations (ISAOs) to help broker medical device vulnerability management; maturing coordinated disclosure processes; device cybersecurity criteria development and testing; and table top exercises to validate vulnerability handling procedures. This session will characterize these initiatives, as well as the relevant FDA and community roles, in helping to realize safer, more secure device clinical operation and use.</p> <p>OR</p> <p><b>A Framework to Support Measure Development for Telehealth</b> Telehealth offers tremendous potential to transform the healthcare delivery system by overcoming geographical distance, enhancing access to care, and building efficiencies. The Health Resources and Services Administration (HRSA) defines telehealth as "the use of electronic information and telecommunications technologies to support and promote long-distance clinical healthcare, patient and professional health-related education, public health and health administration". The U.S. Department of Health and Human Services (HHS) called upon the National Quality Forum (NQF) to convene a multistakeholder Telehealth Committee to recommend various methods to measure the use of telehealth as a means of providing care. The Committee was charged to develop a measurement framework that identifies measures and measure concepts and serves as a conceptual foundation for new measures, where needed, to assess the quality of care provided using telehealth modalities.</p> <p>OR</p> <p><b>Beyond the Pilot: Value-Driven Innovation</b> Many institutions experience "death by 1000 pilots," where cutting-edge technologies are implemented for a few months in a few departments, but lasting changes in workflow and culture are never realized. MD Anderson's first Chief Innovation Officer will explore ways to overcome the proverbial "wall of no" and "we've tried that before" attitudes that stifle innovation. Attendees will learn how to scope problems appropriately, which stakeholders to engage at each step of the innovation process, and how to differentiate true pilots from long-term solutions.</p>
9:30 – 10:30 AM	<p><b>HIMSS Staff Led Tour of the HIMSS18 Exhibition Hall</b></p> <p><u>Description:</u> To help familiarize attendees with layout of Exhibition Hall and key specialty areas, including Interoperability Showcase, Cybersecurity Command Center, Connected Health Experience, and Intelligent Health Pavilion</p>

10:00 – 11:00 AM	<p><b>Concurrent Education Sessions:</b></p> <p><b>Enabling a Stronger, More Skilled Global eHealth Workforce</b> Discover how you can become part of the ongoing transatlantic initiative that is making eHealth work! Find out how the EU*US eHealth Work Project has been collaborating over the span of 18 months to measure, inform, educate and advance health information technology, digital skills and interprofessional healthcare education on a global level. See the results of what the project has accomplished and hear how we will continue this important work on an ongoing basis through the HIMSS TIGER Initiative. Learn how you can become involved in this groundbreaking and innovative effort to empower the healthcare workforce with digital skills. Bring best practices, tools and resources developed through the project to your institutions. Hear how you and your organization can help educate and train staff, assist interdisciplinary professionals as they progress throughout their careers, and provide management and administration with valuable workforce development benefits now and in the future.</p> <p>OR</p> <p><b>Care Pathways and Data Analytics for Advancement of Healthcare</b> This session will discuss the intelligent automation and clinical workflow optimization that has allowed for the precise execution of what we already know to systematically marshal our people, processes and technologies which have made a profound difference in how to approach improving clinical and financial outcomes.</p> <p>OR</p> <p><b>Federal Health Community Forum Session</b> Government policymaking directly impacts healthcare transformation and health IT, and you need to know what to expect. Participate in the three focused sessions of the Federal Health Community Forum that are specifically designed for special audiences interested in discussing government health IT programs. Gain insight into key government health IT initiatives, plans, priorities, and opportunities.</p> <p>OR</p> <p><b>Office of the National Coordinator for Health IT (ONC) Session</b> The Office of the National Coordinator for Health IT (ONC) will be presenting on the work it is undertaking related to implementing the 21st Century Cures Act, including interoperability, information blocking, and the trusted exchange framework/common agreement as well as other critical issues in its portfolio related to standards, usability, and increasing health IT adoption and functionality.</p> <p>OR</p> <p><b>Optimizing Care Transitions Across the Continuum</b> Implementing a strategy to address transitions of care across a large integrated health network presents many challenges. Increased pressure to improve utilization rates along with new Transitional Care Management billing opportunities has incentivized health systems to find innovative, cost-efficient ways to ensure transitions occur safely and effectively. One large teaching hospital and health system prioritized a strategy to improve care provided to patients after being discharged. This session will discuss a two-fold approach to a cost-efficient model to address this strategy. First, a centralized</p>
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	<p>Transition of Care call center was developed employing Registered Nurses and Medical Assistants who place calls to patients post-discharge; this model works on behalf of the primary care providers (PCPs). Secondly, the workflow for this process was streamlined using various functions within the EHR allowing for an increase in staff productivity.</p>
11:30 – 12:30 PM	<p><b>Concurrent Education Sessions:</b></p> <p><b>Centers for Medicare &amp; Medicaid Services (CMS) Session</b> The Centers for Medicare &amp; Medicaid Services (CMS) will be presenting on several critical topics in their sessions, including: the agency's quality and innovation work related to its health IT-related Medicare payment policies, including the Medicare Access and CHIP Reauthorization Act of 2015 (MACRA), Quality Payment Program (QPP), and the Medicaid funding opportunities that exist for providers as well as states in terms of interoperability and Medicaid modernization and modularization.</p> <p><b>OR</b></p> <p><b>The Impact of Smartphone Technology in Clinical Practice</b> This session will discuss study findings and demonstrate how implementing a smartphone solution into clinical practice significantly improved physician response times, increased efficiency and transformed care team communication.</p> <p><b>OR</b></p> <p><b>Virtual Reality Gets Real in Healthcare</b> Recent, real-world case studies in virtual reality (VR) hold promise for medical training as well as operational support. Organizations like the US Army, VA, medical schools, and private hospital systems are exploring new uses. VR is an umbrella term for other areas including augmented reality ("AR") and 3-D. VR and AR technology have advanced to the point where consumer facing immersive VR experiences are accessible at reasonable price points. So far, VR has gotten traction in healthcare mainly as a training and education device, but industry-wide it's a green field for innovation. We've only scratched the surface of VR's potential to disrupt healthcare delivery. New revenue, cost savings and quality gains can be captured from VR across multiple verticals—health system, provider, pharma, payer and consumer. VR can leverage techniques to weave itself into the fabric of healthcare delivery—gamification, social media, narrative, visioning, goal setting and rewards.</p> <p><b>OR</b></p> <p><b>Engaging and Empowering Patients: Redesigning Patient Care</b> This session will discuss how we transformed care coordination and the patient experience in our Maryland-based health system by implementing a patient engagement and care coordination platform supported by a fully enabled virtual care team. The program streamlined communication, collaboration and coordination among hospitalists, specialists and PCP's and implemented a well-defined patient engagement strategy. By sharing actionable health information, providing 24/7 access to virtual care teams and managing transitions of care, we achieved a 350% reduction in in-patient transfers, 100% completion of discharge follow ups within 48 hours, more than 50% reduction in readmission and 15% reduction in no-shows. Feedback indicates a vastly enhanced patient experience, improved quality of care and better outcomes. We will also discuss how remote patient monitoring using intelligent medical devices demonstrates significant potential to further these</p>

2025 RELEASE UNDER E.O. 14176

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12:00 – 1:00 PM	<p><b>Federal Health Community Lunch</b></p> <p><b>Description:</b> A community of HIMSS members and Federal Government employees, coming together for cross-agency information sharing and networking, and to share new ideas on how health IT can be used to improve healthcare delivery by the federal government.</p>
1:00 – 2:00 PM	<p><b>Concurrent Education Sessions:</b></p> <p><b>Human Factors and Workforce Solutions to Connected Care</b> The speakers will examine the enablers of, and barriers to, maximizing health IT work force and human factors in achieving progress as the nation moves toward a more distributed healthcare system by 2025. The speakers will provide an update on cross- sectoral discussions held as part of NEHI's "Healthcare Without Walls" project to identify work force and human factor challenges resulting from increased availability and utilization of digital health, telehealth, remote monitoring, artificial intelligence, and cognitive computing technologies. The speakers will also engage the participants in a discussion around possible solutions, model best practices and tools to address the challenges to enable future progress today.</p> <p><b>OR</b></p> <p><b>Closing the Gap: Risk Insights at the Point of Care</b> Steward Health Care Network is an accountable care organization with 3,500 physicians, 18 hospital campuses, and 25 affiliated urgent care provider locations. Headquartered in Boston, Steward is community-based and physician-led with more than 23,000 employees across four states. With their participation in the Next Generation ACO program, the MassHealth Medicaid ACO and a growing Medicare Advantage footprint, Steward needs to accurately understand patient risk to develop appropriate care programs and ensure appropriate reimbursement to fund those programs. As documentation requirements for continually increase, Steward's investment in a centralized data infrastructure supported a significant financial return and now helps alleviate provider frustration stemming from having to manage patient details in multiple technology platforms. By pushing HCC coding gaps directly to the EHR for provider review, Steward has entered the next phase of a successful risk program.</p> <p><b>OR</b></p> <p><b>Safer Transition from the ER Using Asynchronous Virtual Care</b> Patients leaving the ED lack available post-acute care options, including care coordination. They're at risk to return to the hospital at significant cost, impacting patient safety, care quality, satisfaction with service and re-admissions. Emergency Medicine Consultants sought a solution to engage with patients after discharge which would result in higher levels of patient satisfaction, lower readmissions, and lower system leakage. EMC launched Safe Transitions virtual care in Sept 2016. The post-ED safety program leverages text-first telemedicine to offer no barrier, physician access for patient continuity of care inquiries and ongoing treatment. Broadening the traditional ED visit into a patient-centric, acute care episode improves reliability and builds loyalty between patient and system. This session will describe service adoption and care metrics for this unique post-acute ED telehealth application, as well as future service line plans.</p> <p><b>OR</b></p>

2016-2017



	<p><b>Sutter Health: A Health Data Sharing Case Study</b>  Whether they have sought treatment across the street or across the country, they expect their health data to be available to their physicians and themselves. Sutter Health, a non-profit health system in California, is pioneering health data sharing by leveraging national-level interoperability initiatives like Carequality. They will share best practices in implementing the leading interoperability framework and other health data sharing initiatives, and insights for the future of health data sharing among and between providers, payers, and patients.</p>
2:30 – 3:30 PM	<p><b>Concurrent Education Sessions:</b></p> <p><b>Optimizing EHR Governance to Improve the User Experience</b>  After the go live is over, the work of EHR optimization begins. In 2014, Dignity Health initiated a standardized approach to EHR governance with the goal of optimizing the User Experience. The results have been phenomenal. Increased throughput, decreased turn-around-time along with greater provider engagement and satisfaction. This session will share processes and key lessons learned.</p> <p><b>OR</b></p> <p><b>Inappropriate Opioids, Adverse Outcomes and IT Solutions</b>  Little information exists on the appropriateness of opioid prescriptions and how opioid prescribing practices influence health outcomes and medical costs. Using a nationwide database, we linked pharmaceutical and inpatient/outpatient records for individuals with a medical disability due to carpal tunnel release surgery. We found that 29% of cases were prescribed opioids contrary to evidence-based guideline recommendations. Further, patients prescribed an opioid contrary to guidelines had disability durations 2 days longer and medical costs \$422 higher than patients prescribed an opioid according to guidelines. Inappropriate opioid prescriptions for carpal tunnel release may cost the U.S. \$71 million in medical costs and 124,000 disability days. IT solutions are available to prevent inappropriate prescriptions including drug formularies. This session will discuss the integration of opioid guidelines and a drug formulary within Kaiser Permanente's EHR including physician perspectives of the tool.</p> <p><b>OR</b></p> <p><b>Creating a Population Health Strategy that Scales</b>  Attendees will learn how UMass Memorial collects data from diverse sources, integrates it, then analyzes it to create a clear picture of population health needs and value-based care performance. They will also learn how UMass Memorial's office of clinical integration managed the cultural change necessary to move from fee-for-service medicine to value-based care.</p>
~2-4pm	<p><b>Depart Las Vegas (ex Southwest 6219, Southwest 5494, or United 487)</b></p>